



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

INAGAKI et al.

Application No. 09/830,415

Filed: August 3, 2001

GAME MACHINE For:

Art Unit: 3714

Examiner: C. Coburn

1181 / July 1 / July

REQUEST FOR APPROVAL OF CHANGES TO THE DRAWINGS

Commissioner for Patents Washington, D.C. 20231

Dear Sir:

The Examiner is requested to approve the changes to Figures 14-16, as shown in red on the attached sheets of drawings.

Respectfully submitted,

Jethey A. Wyand, Reg. No. 29,458 LEYDIG, VOIT & MAYER 700 Thirteenth Street, N.W., Suite 300 Washington, DC 20005-3960

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Drawings - Amendment (Revised 10/17/2002)

FOP*1 PTO-3083

In re Application of: Application No.

INAGAKI et al.

Filed:

For:

Sir:

09/830,415 August 3, 2001 **GAME MACHINE**

Mail Stop Commissioner for Patents P.O. Box 1450

RECEIVED MAY 2 2 2003

Attorney Docket No. 40118

TECHNOLOGY CENTER R3700

Alexandria, VA 22313-1450

Transmitted herewith is a response to an office action in the subject application.

Applicants claim small entity status of this application under 37 CFR 1.27.

Petition for Extension of Time

- Applicants petition for a two-month extension of time under 37 CFR 1.136, the fee for which is \$410.00 (enclosed). Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- ☐ No additional claim fee is required.
- Other: Substitute specification and comparison document; Request for Approval of Changes to the Drawings.

The claim fee has been calculated as shown below:

					SMALL	ENTITY	OTHER THA	AN A SMALL
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE ,	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL	37	Minus	20	=17	x 9=	\$	x 18=	\$306.00
INDEPENDEN	NT 11	Minus	5	=6	x 42=	\$	x 84=	\$504.00
FIRST PRESENTATION OF MULTIPLE CLAIM					+ 140=	\$	+ 280=	\$
					TOTAL	\$	TOTAL	\$810.00

\boxtimes	Please charge my	Deposit Account No.	12-1216 in the amount of \$1.	.220.00. A duplicate co	opy of this sheet is attached
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☐ A check in the amount of \$

is attached.

Medicience The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Wyand/Reg. No. DIG VOIT & MAYER

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Date: May 16, 2003